

APPLICATION FOR PARTIAL PAYMENT OF CONTRACT



Project Title: Comprehensive Plan Update
Contractor: RDG - SWB
Address: 301 Grand Avenue, Des Moines, IA 50309
Finance Budget Code: 910.4910.4210 **Finance Project Code:** 910.4210
Vendor Project or Invoice #: 29030.00.S Inv. 23512 **PO #** _____
Original Contract Date: March 2, 2009 **Vendor #** 6317

Date of Council Meeting Nov. 1, 2010

PAYMENT REQUEST # 13 *Final*

PAYMENT PERIOD: From: 03/01/10 through: 08/31/10

Contract Summary

Original Contract Amount:	\$	<u>200,000.00</u>	
Net change by Change Orders:	\$	<u>-</u>	
Contract Amount to Date: (line 1 ± 2)	\$	<u>200,000.00</u>	
 Total completed and stored to date:	\$	<u>200,000.00</u>	
Retainage: <u>0</u> % of Completed Work:	\$	<u>-</u>	
Total Earned less Retainage:	\$	<u>200,000.00</u>	
Less previous applications for payment:	\$	<u>194,120.99</u>	
SUBTOTAL	\$		<u>5,879.01</u>

OTHER CHARGES (Please attach an itemized list) \$ -

CURRENT PAYMENT DUE \$ 5,879.01

Balance to finish, including retainage: \$ 0

Contract Time Remaining (If applicable) 0

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all the amounts have been paid by the Contractor for work for which previous Certificate(s) for Payment were issued and payments received from the Owner, and that current payment shown herein is now due.

Construction Contractor Approval:

Firm Name _____

Signature _____ Date _____

Engineer/Consultant Approval:

RDG Planning & Design
Firm Name

Signature _____ Date 10/10/2010

City of Ankeny Staff Approval

Signature _____ Date 10/20/2010

Submit to: _____

Email: _____ Phone: _____ Fax: _____

August 31, 2010

Project No: 29030.00.S

Invoice No: 23512

John Peterson
City of Ankeny
220 West First Street
Ankeny, IA 50021

Project 29030.00.S Ankeny Comp Plan Update

Professional Services through August 31, 2010

Fee

Total Fee	200,000.00			
Percent Complete	100.00	Total Earned	200,000.00	
		Previous Fee Billing	194,000.00	
		Current Fee Billing	6,000.00	
		Total Fee		6,000.00

Billing Limits

	Current	Prior	To-Date
Total Billings	6,000.00	194,120.99	200,120.99
Limit			200,000.00

Adjustment

-120.99

Total this Invoice

\$5,879.01

OK TO PAY		
Date <u>10/21/10</u> P.O.		
Acct # <u>910.4910.4210</u>		
Authorized By <u>[Signature]</u>		
Notes		
Annual	Partial	Final

